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Bib Data Sheet

CONFIRMATION NO. 9273

SERIAL NUMBER 09/731,178	FILING DATE 12/06/2000 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. P-8896
APPLICANTS Steven D. Goedeke, Forest Lake, MN; David L. Thompson, Andover, MN;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/173,071 12/24/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: _____ Initials: _____	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 30
INDEPENDENT CLAIMS 5				
ADDRESS 27581				
TITLE Automatic voice and data recognition for implanted medical device instrument systems				
FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9273

SERIAL NUMBER 09/731,178	FILING DATE 12/06/2000 RULE	CLASS 704	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. P-8896
APPLICANTS Steven D. Goedeke, Forest Lake, MN; David L. Thompson, Andover, MN;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/173,071 12/24/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 30
Verified and Acknowledged _____ Examiner's Signature Initials		INDEPENDENT CLAIMS 5		
ADDRESS Girma Wolde-Michael Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis ,MN 55432				
TITLE Automatic voice and data recognition for implanted medical device instrument systems				
FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	